## **Minnesota Board of Peace Officer Standards and Training**



1600 University Avenue, Suite 200, St. Paul, MN 55104-3825 Office: (651) 643-3060 Fax: (651) 643-3072 http://www.post.state.mn.us

POST USE ONLY						
Course #:						
Approved:Evaluator:						
Hours: Letter Sent::						
UOF Category:						

## **Continuing Education Course Approval Application**

In accordance with Minnesota Law, the POST Board has established a system for promoting the professional competence of peace officers through continuing education. Courses considered for evaluation must be: 1) law enforcement related, 2) promote professional job-related competence, and 3) meet a law enforcement educational need.

Sponsors will receive an listed on certificates of			g a POS	T Board issue	ed cour	se number a	and the amount o	f credit approved which <b>sho</b> u	ıld be	
To advertise on POST's v	website, fill out the	e bottom of the	first pag	e and submit	at leas	st 30 days pı	rior to the first o	day of the course.		
Is this course considered mandated training? Ye			Yes	No	If ye	yes, indicate which learning objectives are being met.				
Learning Objectives				Amount of H	lours	Learning (	Objectives Met	(i.e. 1 A, 2 A & B, 3 C or A	II)	
Conflict Management and Mediation Training										
Crisis Intervention & Mental Illness Crises Training										
Recognizing and Valuing Community Diversity and Cultural Differences to Include Implicit Bias Training			al							
In-Service Use of Force/Firearms										
			SPO	NSOR INF	ORM	ATION				
Sponsor Name:					Sp	Sponsor Address:				
Name of Contact Person	n:									
Phone:		Fax:				Email Address:				
□ New Sponsor (Check this box only if your agency has never submitted a course for approval)  COURSE INFORMATION										
Course Title:								(1 hour = 1 credit) Do not incl Business Meetings, etc.	nour = 1 credit) Do not include Lunches, Business Meetings, etc.	
Instructor(s):										
POST WEBSITE COURSE SCHEDULE INFORMATION										
1	By filling out the	he information	below,	this course v	vill be	advertised o	on the POST Bo	ard website.		
Course Date(s): (Month/Day/Year)	Location Name:		Street Address:		City,	State & Zip Code:	Rm #:			

<ol> <li>If this course has been approved less than three years of the approval date, it is <b>not</b> mandated traini significant changes, please indicate the course number below. (Sponsors need not resubmit the cou- has changed significantly, proceed to number two. Sponsors must submit documentation for</li> </ol>	rse documentation) If the course					
Course Number:						
<ol> <li>Course documentation <u>must</u> be submitted for evaluation if this course has never been evaluated, the there have been significant changes, or it's been more than three years since the last approval date.</li> </ol>						
<ul> <li>Course documentation (If the following documentation is not submitted, the course will not be expensively a compared to the course of professionally recognized training and expensively area; and, instructor training or specialized academic preparation to teach in the assignance of the course overall learning goal (purpose)</li> <li>Specific performance objectives (upon completion the officer will be able to)</li> <li>Course timeline that shows a breakdown of the hours (Courses more than four hours)</li> <li>The body of each major unit of instruction in outline form (can be incorporated with the Instructor evaluation form (if applicable)</li> <li>In addition to the required information, course sponsors may submit any additional information (i.e. handouts references) that may be useful in the evaluation of the course.</li> </ul>	ience in the assigned subject gned subject area e timeline)					
Sponsor's Agreement						
As a representative of the continuing education sponsor I agree to:						
1) comply with Minn. R. 6700.0900, Subp. 13 &14 which requires continuing education providers to have written procedures for the investigation and resolution of classroom discrimination complaints;						
make the required announcement to attending officers (The course statement is part of the approval letter which informs officers of the classroom discrimination policy the sponsor has on file. The course statement is also on the POST Board website);						
maintain a list of the names and license numbers of all peace officers and part-time peace officers who successfully complete the course, submit a roster to the POST Board for each completed course and provide attendees with proof of successful completion; and,						
4) if requested, allow representatives of the POST Board to attend this course to ensure the conditions of the	his application are met.					
By signing this application I affirm I have read the Sponsor's Agreement and have a classroom discrimination policy on file.						
Sponsor Representative Signature:	Date:					
Print Signature Written Above:	Phone:					
	(If different than contact person)					

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